

except sup. longus. The left shoulder muscles and left anterior tibial are also under voluntary control. Dr. Van Duyn remarks that "this typical case of acute spinal paralysis is recorded because of the clear history of the progress, and retrogression of the paralytic state, and the manifest relationship between the disease and the violent muscular exertion which preceded it. Should the gymnastic violence be conceded as the cause, than which no other is apparent, then interest must attach itself to the length of time which intervened between the cause and the outbreak of the disease, and to the fact that while both extremities, upper and lower, were affected during the fever, the muscles which remained paralyzed and atrophied were those most violently exercised, and the severity of the results and their permanency are in direct ratio with the use of the muscles."

TUMOR OF THE CEREBELLUM.—Dr. S. A. K. Strahan reported the following case before the British Medical Association in a paper on tumors of the cerebellum: Charles L., aged seven, was admitted as an idiot into the County Asylum, Northampton. He was a small squat boy, with convergent strabismus and some nystagmus. He talked incoherently in a semi-distinct manner, answered simple questions sensibly with "yes" and "no," and made peculiar noises with his mouth at times. He was dirty and destructive in his habits at first, but improved much in this respect. He always had an awkward gait although nimble with his feet, and he generally kept the hands and wrists half flexed as though semi-paralyzed. Co-ordination in the hands appeared good, but in the legs it was from the first imperfect; vision was good and sensation normal. The family history is worthy of attention; it is as follows: His grandmother was an epileptic; his mother was an inmate of an asylum; his father had been a certified lunatic on at least one occasion, and an uncle had died in an asylum. The boy lived five years after his admission into the asylum. After one year's residence he began to have attacks of vomiting at irregular intervals, which were attributed to over-eating, and a year later he developed what was looked upon as a true epilepsy. During the third year of residence, the fits, which had been few, began to increase in number, and he made no mental advance from this time. During the fifth and last year, he became unable to walk safely. His gait was exactly that of a child, giddy from turning round; when he got started in a straight line he would get along pretty well at a kind of half run, but when called back he would stop, sway about, and seem unable to turn from fear of falling. During the six months before death, the giddiness increased and he was soon totally unable to walk alone, although he could do so fairly well if supported by the hands. Then he became worse and could not stand alone. If left standing he swung around and fell. The body did not in its gyratory movements always swing to the same side; the direc-

tion seemed to be determined by the relative position of the body and lower limbs at the time. A month before death he was found to be totally blind; but, in consequence of his limited mental development, it was not known when the optic neuritis had set in. Five years after admission (aged twelve) he was seized with a fit, in which he died from apnoea. During the last year, when able to walk about, he was noticed to turn round when seized with a fit, and before he fell he was seen to make more than a complete revolution.

Necropsy.—The arachnoid was thickened generally over hemispheres, and the pia mater, on removal, tore the brain tissue considerably. The convolutions were somewhat flattened; the gray matter was thin; the sulci were shallow, and the white centres of rather more than the usual consistence; in fact it was a typical imbecile brain. The brain could not be removed entire, in consequence of adhesion between the posterior part of the cerebellum and the dura mater. The adhesion was sufficiently firm to drag the tumor out of its bed in the surrounding softened brain tissue. The adhesion was made up entirely of connective tissue; there was no vascular connection. The tumor lay in the central line and extended almost equally into each lobe. The surrounding brain-tissue was much softened, and it was impossible to make out even the arbor vitæ on section. The tumor weighed over an ounce, and made up more than a third of the whole cerebellar mass. It occupied the whole depth of the inner and posterior parts of each lateral lobe of the cerebellum, and extended forward over the roof of the fourth ventricle to the peduncles.—*Brit. Med. Jour.*, No. 1236.

MUSCULAR PARALYSIS IN THE COURSE OF LOCOMOTOR ATAXIA.—Dejerine (*Prog. méd.*, 43) reports a case of bilateral paralysis of the levator palpebrarum sup., in which at the autopsy degeneration of the corresponding nerve-branches was discovered, while the remaining branches of the third nerves were normal. He regards such a peripheral neuritis of motor nerves as analogous to this degeneration, which he has heretofore observed in peripheral sensory nerves of tabetic patients.

ALCOHOLIC PSEUDO-TABES.—Dr. Krüche, of Marbach, calls attention to a group of symptoms resembling tabes, consisting of functional disturbances of the spinal cord and nerves, occurring not so often in habitual drinkers as in those who may be termed nervous drinkers, in whom the central nervous system represents the *locus minoris resistentiæ*. The initial symptoms resemble true tabes, the disturbances of co-ordination are also similar, the tendon reflex may be absent, and the sensibility to temperature and pressure diminished. Faradic excitability is increased, while muscular contractility is only moderately excitable. Frequently the optic papillæ are somewhat pale, and considerable variations in temper-